**STATE OF MISSOURI } OSAGE COUNTY SHERIFF’S OFFICE**

 **} SS.**

**COUNTY OF OSAGE } Case Number:**

The following individual:

|  |
| --- |
| **FULL NAME:**  |
| **Who resides at:**  |

Committed one or more criminal offense(s)

|  |  |  |
| --- | --- | --- |
| **RSMO:** | Charge Code: | OCN: |
|  |  |  |
|  |  |  |
|  |  |  |

**3. The facts supporting this belief are as follows:**

 **Complete the following if a warrant for a Felony or Misdemeanor offense(s), is being requested.)**

**4. I believe that the Defendant will not appear in court in response to a criminal summons and/or that the Defendant poses a danger to a victim, the community, or another person for the following reasons:**

|  |
| --- |
|  |

**The above suspect was arrested on:**

|  |  |
| --- | --- |
| **Date**  | **Time:** |

 **NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.**

|  |  |
| --- | --- |
|  |  |

**Printed Name of Deputy Signature of Arresting Officer**